



# **Certified Application Counselor Program Announcement and Request for Applications**

November 1, 2013

**Initial Application deadline: November 15, 2013**

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## Appendices

- A. DC Health Link Certified Application Counselor Privacy and Security Attestation
- B. DC Health Link Certified Application Counselor Health Insurance Attestation Form
- C. Copy of 45 CFR § 155.225

## **1.0 Purpose of Announcement**

The District of Columbia (DC) Health Benefit Exchange Authority (HBX) is establishing a Certified Application Counselor (CAC) Program to designate organizations throughout the District that will provide application assistance to consumers seeking health coverage and financial assistance paying for health coverage through our new health insurance marketplace, DC Health Link. The CAC Program is an unfunded initiative that will establish designated organizations as partners to support DC Health Link efforts to provide access to health coverage to District residents and small businesses. It is designed for health care providers and other organizations whose missions are consistent with the roles of CACs and are willing to bear responsibility for the work of individual CACs.

As part of the CAC Program, DC HBX will designate organizations that agree to certify staff or volunteers to perform the duties of CACs. These Designated Organizations must:

1. Submit a Designated Organization application for approval by DC HBX,
2. Ensure that the staff and volunteers to be certified as CACs complete mandatory training and pass a background check and
3. Sign the CAC Program Designated Organization Agreement with DC HBX.

## **2.0 Background and Target Populations**

### **2.1 Background**

Shortly after the enactment of the Patient Protection and Affordable Care Act of 2010 (ACA), the District of Columbia initiated a multi-agency, coordinated effort to actively implement its provisions. In accordance with the ACA, the District enacted legislation in January 2012 to establish a qualified health benefit exchange. The District law is referred to as the Health Benefit Exchange Authority Establishment Act of 2011. The law called for the appointment of an eleven-member Health Benefit Exchange Authority Board (including seven voting members). The Board was sworn in on July 16, 2012, and is responsible for the implementation of the HBX in the District.

In December 2012, the District became one of the first jurisdictions in the nation granted conditional approval to establish a state-based marketplace to facilitate the sale of private health insurance to eligible residents and small businesses. Since that time, the District has made significant progress in building an innovative web-based portal that will provide residents and employers with a one-stop market for a wide variety of insurance products that will allow side-by-side comparisons of high-quality insurance plans, access to federal tax credits available to certain individuals, families, and small businesses to reduce the cost of coverage, and access to Medicaid. The DC HBX's web portal is called "DC Health Link."

District residents and businesses began enrolling in a range of health care coverage programs through DC Health Link on October 1, 2013. Customers using DC Health Link are able to find information about health coverage options and qualified health plans, including information about tax credits and cost sharing subsidies that will help reduce the cost of purchasing a qualified health plan. DC Health Link is the sole access point for eligible District residents to apply for and receive tax credits to reduce the cost of premiums and subsidies to reduce cost sharing.

In order to ensure successful implementation of DC Health Link, available insurance options need to be promoted by multi-pronged outreach and education efforts and enrollment assistance must be provided targeting individual uninsured persons, hard to reach consumers, and small businesses. The purpose of this program is to develop a group of trained experts - “DC Health Link CACs” - that can provide enrollment assistance to District residents. These organizations and individuals will focus on the populations that the organization already serves.

District residents and businesses will have many options for assistance. DC Health Link Certified Application Counselors will provide primarily in-person assistance completing the eligibility and enrollment functions for those individuals that need and seek assistance. They will be an additional source of support for District residents seeking coverage, along with the two other types of DC Health Link trained experts: brokers and assisters. Brokers help individuals, families, and small businesses identify their health coverage options and can recommend an insurance plan that best meets their needs. Assisters are employed by DC Health Link Assister Program grantee organizations and provide outreach, education, and application assistance to uninsured and hard to reach DC residents with whom they have direct and trusted relationships, and are trained to help individuals and families find out what they are eligible for and consider their coverage options.

## **2.2 Target Populations**

DC Health Link is open to the following District residents:

- Individuals and families who legally reside in the District, including those who currently purchase insurance on their own in the individual insurance market, including self-employed individuals;
- Uninsured individuals and families and those receiving or eligible for Medicaid; and
- Small businesses (with 50 or fewer employees). Note: CACs are not expected to directly support small businesses. CACs will receive training to recognize small business marketplace questions and refer them to the customer service center.

## **3.0 DC Health Link CAC Program**

The DC Health Link CAC program will provide additional access points for District residents seeking assistance with the application for health coverage and financial assistance paying for coverage. The CAC program will be implemented in compliance with 45 CFR § 155.225. CACs provide assistance to individuals applying for health coverage and financial assistance paying for health coverage, including Medicaid and tax credits for private insurance, and provide information to customers about the process of shopping for, selecting and enrolling in QHPs.

### **DC HBX Support for Designated Organizations and CACs**

DC HBX will be responsible for the following functions related to the CAC program:

- **Application Process:** Managing the Designated Organization application process.
- **Training:** Training will be held online. Designated Organization staff will be asked for a roster of staff and volunteers to be trained. Instructions will be provided on how to access and complete the online training. Training will include modules on the topics below.
  - DC Health Link overview and introduction;
  - Eligibility;

- Qualified health plan (QHP) options;
- Insurance affordability programs;
- Benefits;
- DC Health Link privacy and security standards;
- Other applicable rules and regulations including conflict of interest; and
- How to make referrals to other members of the customer support network.
- **Ongoing Monitoring:** To include but not be limited to the items below.
  - Review of semiannual reports to be provided by Designated Organizations;
  - Audits and/or investigations in the event of complaints;
  - Review of Policies and Procedures if the organization makes changes to relevant policies after being accepted into the program and/or if audits and or investigations require said review; and
  - Any activities as might be required due to breaches in security, instances of compromise of privacy, or the risk of a compromise in privacy or security.
- **Designated Organization De-Certification:** If necessary, DC HBX will withdraw designation from a Designated Organization for non-compliance with the terms and conditions of the Designated Organization Agreement with DC HBX.

To support Designated Organizations and CACs in helping DC Health Link customers learn about the range of options, complete applications, and facilitate enrollment, DC Health Link will provide the following services:

- **Website** capable of providing comparison of available qualified health plans. The website will be a secure place for customers to apply for premium tax credits and cost sharing assistance, and to access an eligibility determination for Medicaid. The system will also collect and submit enrollment applications to QHPs. Each staff member and volunteer who meets the requirements to become a CAC will be provided with access to the trained expert portal on DC Health Link.
- **Training Materials** online.
- **Customer Service Center** to provide support by phone to customers and CACs. The Customer Service Center will also support language interpretation services for customers by request.
- **Outreach and Education Materials** available online for printing.
- **Tools and services** that support the blind and visually-impaired, non-English speaking customers, and TTY/TDD for the hearing impaired.

### 3.1 Designated Organization and CAC Expectations and Requirements

#### 3.1.1 Requirements for Designated Organizations

The Designated Organizations shall:

- Have a mission that is consistent with the roles of CACs (see section 3.1.2) and be willing to bear responsibility for the work of individual CACs;
- Have existing policies and procedures in place that protect the privacy of personal information and personal health information;
- Have existing non-discrimination and inclusion policies;

- Have existing policies and procedures for providing ADA-accessible locations and services and for providing reasonable accommodations for those with disabilities;
- Have general liability insurance;
- Complete background checks for staff and volunteers who will serve as CACs;
- Ensure all staff or volunteers who will act as CACs complete the DC Health Link provided online training;
- Ensure all staff and volunteers have completed the DC Health Link Privacy and Security Attestation (provided as Appendix A) and the DC Health Link Certified Application Counselor Health Insurance Self Attestation Form (provided as Appendix B), and retain copies of the completed forms for all current CACs and make these forms available to DC HBX upon request;
- Submit a semi-annual report with the following information:
  - The names of all current CACs
  - The number of customers assisted
  - Complaints received
  - Information about any CAC decertifications during the reporting period
- Agree to certify monitor and evaluate Certified Application Counselors and immediately inform DC HBX if a CAC should be decertified;
  - Monitoring must include a plan to regularly assess adherence to privacy practices, accuracy of guidance given to customers, and training standards;
- Ensure that Duties and Standards of Certification are in compliance with 45 CFR § 155.225 (c) and (d). A copy of 45 CFR § 155.225 is provided as Appendix C;
- Agree to provide application assistance without charging customers or making assistance conditional on any other relationship, purchase, or direct or indirect consideration;
- Agree to adhere to DC Health Link Privacy and Security Standards, and submit to audit of such;
- Agree to inform customers, prior to providing assistance, of the role of CAC;
- Agree to disclose to customers, prior to providing assistance, any conflicts of interest;
- Agree to act in the best interests of customers;
- Agree to refer customers with unmet language interpretation or translation needs to the DC Health Link customer support for Language Line assistance;
- Agree to provide access to culturally and linguistically accessible services;
- Agree to provide reasonable accommodations for and services to people with disabilities;
- Agree to provide Application Counseling services that acknowledge insurance affordability programs and qualified health plan options for which a customer is eligible;
- Agree to DC HBX reporting and auditing requirements; and
- Agree to adhere to DC Health Link's branding and marketing standards.

The Designated Organizations shall submit any required policies and procedures to DC HBX upon request.

#### Further Requirements:

##### **Application Approval**

Immediately upon application approval, DC HBX expects Designated Organizations to identify staff and volunteers who will be trained and certified; review policies and procedures to ensure

compliance with DC HBX guidelines; and develop policies and procedures not in place but required to perform the duties described herein.

### **Decertification of a CAC**

Designated Organizations shall allow for the potential of de-certifying CACs. At a minimum, the plan shall allow for de-certification for failure to complete training and for cause (e.g., due to complaints or multiple infractions of policies and protocols). Any de-certification of an individual CAC shall be reported to the HBX within one (1) business day.

### **Reporting Requirements**

The Designated Organizations shall provide reports semiannually to DC HBX. The specific reporting requirements and formats will be provided to the point of contact prior to the deadline but will include, at a minimum, the names of all current CACs, the number of customers assisted, a report of complaints received, and information about any de-certifications that had occurred over the prior six months.

### **Enrollment**

The initial open enrollment for private insurance coverage through DC Health Link begins on October 1, 2013 and will continue through March 31, 2014. Subsequent annual enrollment periods will be October 15<sup>th</sup> to December 7<sup>th</sup> each year. These will be the periods of highest activity, although CACs should also expect to provide enrollment assistance throughout the year as consumers apply for Medicaid and have life-change events that may change eligibility.

### **Conflict of Interest**

Designated Organizations and CACs must disclose to DC HBX and customers any relationships the Designated Organization or CAC has with QHPs or insurance affordability programs, or other potential conflicts of interest. Designated Organizations must disclose these relationships to DC HBX and shall require that any CACs disclose the same information to them.

### **Privacy and Security Requirements**

DC HBX has developed Privacy and Security Standards for DC Health Link in compliance with state and federal regulations to protect the data that DC Health Link receives, processes, stores, and handles on behalf of applicants, carriers, small-business owners, and others. Unauthorized disclosure of information can compromise DC Health Link business operations, violate individual privacy rights, and possibly constitute a criminal act. The Designated Organization shall agree to adhere to both DC Health Link Privacy and Security Standards and federal standards.

### **Liability**

Designated Organizations will be liable for the conduct of the Certified Application Counselors under their supervision, including (but not limited to) compliance with the roles and responsibilities set out in this Application and the Agreement. Designated Organizations will be required to hold DC HBX harmless for any legal claims or damages resulting from Certified Application Counselors' actions. Applicants will be required to show proof of insurance with signed agreement. Designated Organizations should consult an insurance professional for advice on appropriate liability insurance but at a minimum include \$2,000,000 aggregate General Liability insurance.

### **Additional Requirements for Health Insurance Carrier Staff who are CACs:**

Health Insurance Carrier staff who are CACs must do the following:

- Only provide assistance to current clients and those who contact them directly
- Must inform customers they are helping about all plan options for all carriers
- Must disclose any potential conflicts of interest
- Must ask if the customer has worked with a broker in the past and if he or she would rather work with that person again to help select a plan

### **3.1.2 CACs: Roles, Responsibilities and Duties**

The Designated Organizations will be responsible for ensuring the duties performed by the CACs will align with federal requirements (45 CFR § 155.225 (c)) which require them to:

1. Provide information to individuals and employees about the full range of QHP options and insurance affordability programs for which they are eligible;
2. Assist individuals and employees to apply for coverage in a QHP through DC Health Link and for insurance affordability programs; and
3. Help to facilitate enrollment of eligible individuals in QHPs and insurance affordability programs. Facilitating enrollment will include providing basic instruction to customers about the QHPs available in DC HBX, the plan shopping experience and decision tools, providing information about next steps, and connecting the customer to a member of the DC Health Link customer service system (Service Center, Assistors, Agents/Brokers) for plan selection assistance, if needed.

The role of the CACs will be to act in the best interest of the customer and provide DC Health Link customers with fair and impartial information and services that help educate them about:

- DC Health Link;
- The available programs, including insurance affordability programs such as Medicaid and subsidized coverage;
- Eligibility for QHP premium tax credits and cost-sharing reductions;
- How a customer can complete an application;
- The plan selection process and what they can expect; and
- Where to go for additional assistance with plan selection or unmet needs.

CACs can help individuals complete an application, describe the plan selection and enrollment process and clarify distinctions among QHPs; however, **CACs shall not provide advice or input on an individual's plan selection.**

### **3.2 Process of Certifying Individual CACs**

Once a Designated Organization has received approval, the Designated Organization will complete the following process to certify individual CACs:

1. Submit a list of those to be trained to DC HBX so that DC HBX can provide access to online training.
2. Submit a list to DC HBX no more than once per week of new CACs who have met all the requirements to become Certified Application Counselors. Before submitting the name of a new CAC, the Designated Organization must ensure that the CAC has:



- a. Passed a background check according to DC HBX standards;
- b. Completed the online CAC training;
- c. Completed the DC Health Link Certified Application Assister Privacy and Security Attestation;
- d. Completed the DC Health Link Certified Application Self-Attestation Form;

#### 4.0 Who May Apply

Individual organizations, associations, government agencies or health insurance carriers may apply. DC HBX encourages applications from organizations such as community health centers (including Federally Qualified Health Centers); hospitals; health care providers; Ryan White HIV/AIDS providers; behavioral health or mental health providers; agencies that have experience providing social services to the community such as Supplemental Nutrition Assistance Program (SNAP) outreach or energy assistance; and other local governmental agencies that have similar processes and protections in places such as health departments and libraries.

#### 5.0 Application Preparation and Approval Process

##### 5.1 Application Preparation

DC HBX requests qualified applicants submit completed and signed applications and agreements using the DC Health Link CAC Program Designated Organization Application and Designated Organization Agreement that can be found on the DC HBX website. Applicants shall email their application and agreement to **CAC@dc.gov**. A confirmation email will be sent to verify receipt as soon as DC HBX has verified the documents were received. DC HBX will communicate with the primary contact identified on the application.

Applications will be accepted on an ongoing basis, according to the following timeline:

	1 <sup>st</sup> Wave	2 <sup>nd</sup> Wave	3 <sup>rd</sup> Wave	4 <sup>th</sup> Wave	5 <sup>th</sup> Wave	6 <sup>th</sup> Wave
Question Deadline	11/6/2013	11/22/2013	12/18/2013	1/17/2014	2/21/2014	5/23/2014
Responses Posted	11/10/2013	11/26/2013	12/23/2013	1/24/2014	2/26/2014	5/28/2014
Due Date	11/15/2013	12/2/2013	1/2/2014	2/3/2014	3/3/2014	6/2/2014
Application Review Completed	11/29/2013	12/16/2013	1/16/2014	2/17/2014	3/17/2014	6/16/2014

Applicants will be notified of the approval or non-approval of their application by email on the date the application review is completed for the application wave in which the application was submitted.

After an organization is approved, individual CACs will need to complete all program requirements, including online training, before serving as CACs.

**Questions and Requests for Clarification.** Applicants may make e-mail inquiries to obtain clarification of requirements prior to November 6, 2013 for the first wave of applications. Email inquiries should be directed to: **CAC@dc.gov** with “Designated Organization Question” in the subject line. Phone inquiries will not be accepted. Inquiries received after November 6 may not be included in the responses posted on the DC HBX website.

**Application Withdrawal:** Applications may be withdrawn by Applicants at any time.

**DC HBX Questions, Requests for Clarification or Modifications:** During the application review, DC HBX may contact Applicants for clarification of information provided on their application.

**Confidentiality:** DC HBX will not make the contents of applications available to the public; however, we will comply with the DC Freedom of Information Act as necessary.

## **5.2 Approval Criteria**

The Designated Organizations shall be evaluated on the criteria as set forth in section 3.1.1 above. The organization must be able to fulfill the requirements listed in section 3.1.1 to be approved as a designated organization.

## Appendix A



### **DC Health Link Certified Application Counselor Privacy and Security Attestation**

I, \_\_\_\_\_, a DC Health Link Certified Application Counselor, attest that I will use sufficient privacy and security procedures to ensure that:

- a. I will protect personally identifiable information with reasonable
  - Operational safeguards,
  - Administrative safeguards,
  - Technical safeguards, and
  - Physical safeguards,to ensure its confidentiality, integrity, and availability and to prevent unauthorized or inappropriate access, use or disclosure.
- b. I will specify the purpose for which personally identifiable information is collected. The use and disclosure of such information will be limited to and consistent with that purpose.
- c. I will NOT use or disclose personally identifiable information for a purpose other than what was specified without further consent of the individual or as required by law.
- d. I shall maintain the same level of privacy and security with regard to personally identifiable information received from the DC Health Benefit Exchange Authority or its designees.

- e. I shall report a breach of any personally identifiable information immediately to the head of my organization and to the appropriate manager.
- f. I shall allow an individual to obtain simple and timely access to any personally identifiable information I maintain and correct such information if erroneous.
- g. I agree to comply with DC HBX's privacy and security policies and standards found on the DC HBX website and federal standards set forth at 45 CFR 155.260.

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Signature

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Date

**Appendix B**

**DC Health Link Certified Application Counselor**  
**Health Insurance Self-Attestation Form**

Self-Attestation of Health Insurance Coverage

I hereby personally attest that:

- ☐ I currently have health insurance coverage.
- ☐ I will enroll in health insurance coverage through my employer with an effective date no later than January 1, 2014
- ☐ Where health insurance is not offered by my employer, I will seek to enroll in health insurance coverage effective January 1, 2014 through DC Health Link
- ☐ I will seek an exemption from the requirement to have health insurance coverage.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**Appendix C**  
**Federal Certified Application Counselor Regulations**  
**45 CFR § 155.225**

**§155.225 Certified application counselors.**

- (a) General rule. The Exchange must have a certified application counselor program that complies with the requirements of this section.
- (b) Exchange designation of organizations.
  - (1) The Exchange may designate an organization, including an organization designated as a Medicaid certified application counselor organization by a state Medicaid or CHIP agency, to certify its staff members or volunteers to act as certified application counselors who perform the duties and meet the standards and requirements for certified application counselors in this section if the organization--
    - (i) Enters into an agreement with the Exchange to comply with the standards and requirements of this section including the standards specified in paragraphs (d)(3) through (d)(5) of this section; and
    - (ii) Maintains a registration process and method to track the performance of certified application counselors.
  - (2) An Exchange may comply with paragraph (a) of this section either by--
    - (i) Designating organizations to certify application counselors in compliance with paragraph (b)(1) of this section;
    - (ii) Directly certifying individual staff members or volunteers of Exchange designated organizations to provide the duties specified in paragraph (c) of this section if the staff member or volunteer enters into an agreement with the Exchange to comply with the standards and requirements for certified application counselors in this section; or
    - (iii) A combination of paragraphs (b)(2)(i) and (b)(2)(ii) of this section.
- (c) Duties. Certified application counselors are certified to--
  - (1) Provide information to individuals and employees about the full range of QHP options and insurance affordability programs for which they are eligible;
  - (2) Assist individuals and employees to apply for coverage in a QHP through the Exchange and for insurance affordability programs; and
  - (3) Help to facilitate enrollment of eligible individuals in QHPs and insurance affordability programs.
- (d) Standards of certification. An organization designated by the Exchange to provide certified application counselor services, or an Exchange that chooses to certify individual staff members or volunteers directly under paragraph (b)(2)(ii) of this section, may certify a staff member or volunteer to perform the duties specified in paragraph (c) of this section only if the staff member or volunteer—
  - (1) Completes Exchange approved training regarding QHP options, insurance affordability programs, eligibility, and benefits rules and regulations governing all insurance affordability programs operated in the state, as implemented in the state, and completes and achieves a passing score on all Exchange approved certification examinations, prior to functioning as a certified application counselor;
  - (2) Discloses to the organization, or to the Exchange if directly certified by an Exchange, and potential applicants any relationships the certified application counselor or sponsoring agency has with QHPs or insurance affordability programs, or other potential conflicts of

interest;

(3) Complies with the Exchange's privacy and security standards adopted consistent with § 155.260, and applicable authentication and data security standards;

(4) Agrees to act in the best interest of the applicants assisted;

(5) Either directly or through an appropriate referral to a Navigator or non-Navigator assistance personnel authorized under §§ 155.205(d) and (e) or 155.210, or to the Exchange call center authorized under § 155.205(a), provides information in a manner that is accessible to individuals with disabilities, as defined by the Americans with Disabilities Act, as amended, 42 U.S.C. 12101 et seq. and section 504 of the Rehabilitation Act, as amended, 29 U.S.C. 794; and

(6) Enters into an agreement with the organization regarding compliance with the standards specified in paragraphs (d), (f), and (g) of this section.

(e) Withdrawal of designation and certification.

(1) The Exchange must establish procedures to withdraw designation from a particular organization it has designated under paragraph (b) of this section, when it finds noncompliance with the terms and conditions of the organization's agreement required by paragraph (b) of this section.

(2) If an Exchange directly certifies organizations' individual certified application counselors, it must establish procedures to withdraw certification from individual certified application counselors when it finds noncompliance with the requirements of this section.

(3) An organization designated by the Exchange under paragraph (b) of this section must establish procedures to withdraw certification from individual certified application counselors when it finds noncompliance with the requirements of this section.

(f) Availability of information; authorization. An organization designated by the Exchange under paragraph (b) of this section, or, if applicable, an Exchange that certifies staff members or volunteers of organizations directly must establish procedures to ensure that applicants—

(1) Are informed of the functions and responsibilities of certified application counselors; and

(2) Provide authorization prior to a certified application counselor obtaining access to an applicant's personally identifiable information and that the organization or certified application counselor maintains a record of the authorization provided.

(3) May revoke at any time the authorization provided the certified application counselor, pursuant to paragraph (f)(2) of this section.

(g) Fees. Organizations designated by the Exchange under paragraph (b) of this section and certified application counselors may not impose any charge on applicants for application or other assistance related to the Exchange.